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Request  
for  
Continued Examination (RCE)  
Transmittal

Address to:  
Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

<i>Application Number</i>	09/651,842
<i>Filing Date</i>	August 31, 2000
<i>First Named Inventor</i>	Eliana Peres
<i>Art Unit</i>	2155
<i>Examiner Name</i>	Eng. David Y.
<i>Attorney Docket Number</i>	8673-110 (8061-518 SJP/rs)

**This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.**  
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a.  Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i.  Consider the arguments in the Appeal Brief or Rely Brief previously filed on \_\_\_\_\_

ii.  Other

b  Enclosed

## 2. Miscellaneous

Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)  
 Other \_\_\_\_\_

### 3. Fees

The Director is hereby authorized to charge the following fees, or credit any overpayments, to

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Deposit Account No. 50-0679

- i.  RCE fee required under 37 CFR 1.17(e)
- ii.  Extension of time fee (37 CFR 1.136 and 1.17)
- iii.  Other

b.  Check in the amount of \$ \_\_\_\_\_ enclosed

c.  Payment by credit card (Form PTO-2038 enclosed) Mr. Credit card information should not

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print/Type)	Frank Chau	Registration No. (Attorney/Agent)	34.136
Signature		Date	10/6/04

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope

Office on the date shown below.	
Name (Print/Type)	Frank Chau
Signature	
	Date 

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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